

Mon-P97**THE BABY'S GENDER ACTUAL PLANNING AS THE COUPLE'S DISHARMONY WAY OF TREATMENT**

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Sometimes the future baby's gender expectation becomes an important causative factor of partners' discordant interactions. The following variants of conflicted expectations were determined by clinical examination during the current analysis of couples' monitoring to plan the baby's gender.

1. A wife or a husband has a high motive to get a baby of certain gender, the other partner – not at all (19 cases, 51.4%).
2. Both partners are interested in the same baby's gender (17 cases, 45.9%).
3. Both partners are interested in the opposite future baby's gender (wife is wishing a girl, already having a son from the first marriage, but the husband insists on a son) – one case (2.7%).

All the conflicts were successfully dissolved by preventive psychotherapy and effective baby's gender planning.

Mon-P98**PSYCHOTHERAPY OF THE DYING PERSON: WHAT WE TEACH PATIENTS**

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Knowing that an intimate awareness of time leads to an inevitable emotional relationship with the experience of dying, what legitimate grounds can there be for a dying patient to undergo psychotherapy?

In a quasi-experimental psychotherapeutic situation, one aimed at making a phenomenological step forward and meeting with the consent of dying patients (n = 4), we filmed their testimonials (AIDS, cancer, mental disease). An empirical analysis of this video material puts forward what these patients have to say.

The results show that the phenomenon of psychotherapy for a dying patient is one of sharing the experience with a companion in the existential sense of the term - that is to say one where the therapist shares the experience of anguish in an empathetic manner, identifying his own mortality in that of his patient.

This could help to move both parties beyond an eschatological image of the afterlife by emphasising the moment which has been lived through, thus establishing death in life as an affirmative and life-prompting force.

Mon-P99**QUALITATIVE FOLLOW-UP STUDY OF PATIENTS' VIEW ON THEIR PSYCHOTHERAPY**

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The aim of the present study is to gain more experience about essential factors that influence success or failure of psychoanalytically oriented therapy of patients with borderline personality organization and neurotic personality organization. The study focuses on 1) Before treatment: Patients' expectations and motivation. 2) Therapy. Something especially efficacious. The worst in therapy. Something missing. Psychoanalytically oriented psychotherapy. Metaphors. 3) Patient's contribution. Motivation

amended/modified/reversed during the therapeutic course. Cancellations. Frustrations (termination of therapy). 4) The therapist. Specific factors versus non-specific factors. 5) Effect.

Mon-P100**MUSICAL HEARING PREFERENCES OF PSYCHIATRIC INPATIENTS**

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Objective: The purpose of this study was to investigate, when, in which situations and what kind of music is used by patients and whether there are differences between diagnostic and ethnic subgroups. The authors report preliminary data.

Methods: 56 patients were assessed with a schedule that was constructed in collaboration with the DGMT (German Society for Music Therapy)

Results: The collective consisted of 45.5% schizophrenics, 31% with affective disorders, 10.9% neurotics and 5% alcoholics. There were 82.1% of German, 10.7% of Turkish, 5.3% of Yugoslavian and 1.8% of Russian nationality. The mean age was 44 years. The average time of hearing music was 11.81 hours/week. Patients used music in situations of "relaxing", "depression", "wellbeing", "inspiration", "loneliness", "anxiety" and "aggression". Furthermore music was used as a background in situations of boredom and at work. No preferences were found concerning the time and the place where music was heard.

Conclusions: The preliminary results indicate that music plays an important role in life of psychiatric patients and is not only consumed passively but is used in different situations as a mean for regulation of affects.

Mon-P101**WHO ARE THOSE RELATIVES OF ACUTELY ADMITTED PSYCHIATRIC PATIENTS WHO FEEL GUILTY?**

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In this report we present data from a pilot study which were obtained from relatives of in-patients admitted to one of the acute wards of the Department of Psychiatry at the University of Vienna. While taking the opinions of relatives into account in chronic patients - where it is rather easy to obtain information from relatives - little has been done to obtain information from relatives of acutely admitted patients. In order to explore the feasibility of obtaining information from relatives of acutely admitted patients, a short self-administered questionnaire was developed and presented to 52 relatives of those patients. Among these relatives 24 (46%) were parents and 28 (54%) others (partners, sisters, brothers, and daughters). The areas covered by the questionnaire were e.g. burden of care and first signs of illness noticed by the relatives. One of the questions we explored was the presence of feelings of guilt as expressed by the relatives. 18 of the 52 relatives (35%) said that they found themselves at least sometimes guilty for the illness of their relative. There was a slight preponderance of parents among those expressed feelings of guilt. These and other differences must be seen in the view of the importance of these feelings for the behaviour of the family member which in turn might influence the course of the patients disorder.